

**COUNTY MEDICAL SERVICES PROGRAM  
NOTICE OF ACTION  
CHANGE FROM RESTRICTED SERVICES  
TO FULL BENEFITS**

(COUNTY STAMP)

Case name: \_\_\_\_\_

Case number: \_\_\_\_\_

District: \_\_\_\_\_

This affects: \_\_\_\_\_

(Names)

Effective \_\_\_\_\_, you are eligible to receive all the services covered by the CMSP Program rather than the services restricted to treatment of an emergency medical condition. This change in benefits results from the fact that:

- ☐ You are an alien otherwise eligible for CMSP who has declared satisfactory immigration status for CMSP purposes.
- ☐ You are an alien otherwise eligible for CMSP who has provided reasonable evidence of satisfactory immigration status for CMSP purposes.
- ☐ You are an alien legalized in accordance with Section 210, 210A, or 245A of the Immigration and Nationality Act.

**ALWAYS PRESENT YOUR PLASTIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE.** This card is good as long as you are eligible for CMSP.

- ☐ Since your income exceeds the amount allowed for living expenses, you have a share-of-cost to pay or obligate toward your medical care. Your share-of-cost is \$\_\_\_\_\_ beginning \_\_\_\_\_.

Your share-of-cost was computed as follows:

Gross Income \$ \_\_\_\_\_

Net Nonexempt Income \$ \_\_\_\_\_

Maintenance Need \$ \_\_\_\_\_

Excess Income/Share-of-Cost \$ \_\_\_\_\_

This action is required by the California Code of Regulations, Title 17, Section(s): 1498 et seq.

\_\_\_\_\_  
Eligibility Worker\_\_\_\_\_  
Phone\_\_\_\_\_  
Date

**PLEASE READ THE REVERSE SIDE OF THIS NOTICE**